

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SM		7/12/00
O.I.P.E. CLASSIFIER		43	7/12/00
FORMALITY REVIEW	CG	6868	8/24/2000
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	8/24/00
2	4/1/00
3	4/1/00
4	4/1/00
5	4/1/00
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50	4/1/00

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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